



DECLARATION AND POWER OF ATTORNEY

I, the undersigned, declare that the information in items 201 to 203 (and 204 to 209, if attached) and 301 below is true; that I believe that I am the original, first and sole inventor if only one name is listed at 201 below, or a joint inventor if plural inventors are named below at 201 to 206, of the invention described and claimed in the attached specification; that I do not believe that this invention was ever known or used in the United States of America before my invention thereof, or patented or described in any printed publication in any country before my invention thereof, or more than one year prior to this application, or in public use or on sale in the United States of America more than one year prior to this application; that this invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal respresentatives or assigns more than twelve months before this application, that I acknowledge my duty to disclose information of which I am aware which is material to the examination of this application; and that no application for patent or inventor's certificate on this invention has been filed by me or my legal representatives or assigns in any country foreign to the United States of America, except those identified in Item 600 below, if any.

		ny country foreign to the				
1 TITLE OF I	NVENTION	LUNG SURFACT	ANT COMPOSI	TIONS		
		EIGN APPLICATION S CLAIMED UNDER 3	35 U.S.C. 119			
Country:	None		Appln. No. Nor	ne	Filing Date: NO	one
List of foreig	gn application	s attached:				
POWER OF	ATTORNEY					
I hereby appo	int_Leona	rd Phillips		, Patent and Trad	emark Office Reg. No	18,735 ,and
agents, with f	ull power of su	f Phillips, Moore, Weisser bstitution and revocation tent and Trademark Office	, to appoint other prir	jestic, all of the add ncipal and associate a	lress listed below, my pr	incipal attorneys and
SEND CORI	RESPONDEN	CE TO:				
	100	PHILLIPS, MOO	RE, WEISSENBER	GER, LEMPIO &	MAJESTIC	
	1.4	Three Embarcade	ero Center – 29th F			
		San Francisco, Ca				
		Telephone: (415)	j 4 21-20/4			
believed to be punishable by may jeopardize	true; and furt fine or impriso the validity of	ements made herein of m ther that these statements nment, or both, under So the application of any pa	s were made with the ection 1001 of Title 1	knowledge that will	ful false statements and	the like so made are
FULL NAMI	E(S) OF APPL	JCANT(S)	*			
Applicant:	CLEMEN	NTS	JOHN		ALLEN	
	T 4 1	Last	First		Middle	
Residence:_	Tiburo	City	California State	C	itizenship: USA	
POST OFFIC	CE ADDRESS	Street Address	d Court			
		Street Address Tiburon	Califor	nia	94	920
		City		State		Zip Code
Applicant:		Last	First		Middle	
Residence:		City	State	C	itizenship:	
POST OFFIC	E ADDRESS	•	3.6.0			
		Street Address				
		·City		State		Zip Code
Applicant:		Last	First		Middle	
Residence: _				C	itizenship:	
POST OFFIC	CE ADDRESS	City S.	State			
	e noones	Street Address				
		City		State		Zip Code
SIGNATURI	E(S) OF APPL	LICANT(S) (Please sign	n exactly as typed b	pelow.)	O	Ω
Applicant:				Jol	in allen	Venen
Date:	10/23	3 / 80		ОНИ	ALLEN CLEME	NTS
	-					
Applicant: _						
Date:			<u> </u>			
Applicant:_						

Date: _